

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Radiation Therapy Services, Inc Political Action Committee

ADDRESS (number and street) 2234 Colonial Blvd.
Attn: Margarita Suarez
 Check if different than previously reported. (ACC)
Fort Myers FL 33907

2. **FEC IDENTIFICATION NUMBER** C00385120
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of _____

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Daniel E. Dosoretz, MD

Signature of Treasurer Electronically Filed by Daniel E. Dosoretz, MD Date 12 02 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		36814.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	46944.00									
(c) Total Receipts (from Line 19)	9955.00	61085.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56899.00	97899.00								
7. Total Disbursements (from Line 31)	22400.00	63400.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34499.00	34499.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	9295.00	52160.00
(ii) Unitemized	660.00	2925.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9955.00	55085.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9955.00	55085.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9955.00	61085.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9955.00	61085.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22400.00	63400.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22400.00	63400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22400.00	63400.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9955.00	55085.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9955.00	55085.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.	Full Name (Last, First, Middle Initial) Vladimir Ioffe	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 5583 North Nithsdale Drive	Transaction ID: 32530419
	City State Zip Code Salisbury MD 21801-2440	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Katin Radiation Therapy, PA	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Kendall L. Wise, MD	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 546 Gordon Rd	Transaction ID: 32538008
	City State Zip Code Naples FL 34108-2658	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Mr. DAVID E. LEE	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 9741 Mar Largo Circle	Transaction ID: PR1567085125018
	City State Zip Code Fort Myers FL 33919-7325	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer 21st Century Oncology, Inc	Occupation Physician Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	5650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mrs. GAIL CUMMINGS	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 11574 TIMBERLINE CIRCLE	Transaction ID: PR1580094825018
	City State Zip Code FORT MYERS FL 33912	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer 21st Century Oncology, Inc Occupation Technical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Mrs. VICTORIA DANTON	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1409 Davis Drive	Transaction ID: PR1580095125018
	City State Zip Code Fort Myers FL 33919-1069	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Bi-Weekly)
	Name of Employer 21st Century Oncology Management, Inc Occupation Director of Revenue Integrity Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00	

C.	Full Name (Last, First, Middle Initial) MARIA J. ANNAZONE	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 10361 Witts End	Transaction ID: PR1580877825018
	City State Zip Code Alva FL 33936	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer 21st Century Oncology, Inc Occupation Director Health Information Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	330.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 13
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial) QUINTEN Curtis BLACK, MD		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 1404 Kenton Lane		Transaction ID: PR1580879425018
City Asheville	State NC	Zip Code 28803-2468
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer RTA of Western NC, PA	Occupation Medical Doctor	P/R Deduction (\$80.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.00	

B.

Full Name (Last, First, Middle Initial) Mark Robert Jones, MD		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 1400 LONG RUN ROAD		Transaction ID: PR1580886825018
City LOUISVILLE	State KY	Zip Code 40245-4334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer 21st Century Oncology of Kentucky (KEN	Occupation Medical Doctor	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

C.

Full Name (Last, First, Middle Initial) TAM NGUYEN, MD		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 2798 Bellini Road		Transaction ID: PR1580891925018
City Henderson	State NV	Zip Code 89052-3118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Michael J. Katin, MD, PC	Occupation Medical Doctor	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional)	▶	690.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 13
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Claire Skowronski

Mailing Address 1312 SW 7th TERRACE

City State Zip Code
CAPE CORAL FL 33991-2145

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology Management, Inc
Occupation Director - Radiation Therapy School

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1580896425018

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
PAUL TREADWELL, MD

Mailing Address 9916 COZY GLEN CIRCLE

City State Zip Code
LAS VEGAS NV 89117

FEC ID number of contributing federal political committee. **C**

Name of Employer Michael J. Katin, MD, PC
Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1580898525018

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Dr Keith Lawrence Miller

Mailing Address 12731 Terabella Way

City State Zip Code
Fort Myers FL 33912-0910

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc
Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1692755725018

Amount of Each Receipt this Period
450.00

P/R Deduction (\$150.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **540.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Dwight Fitch	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 9122 16th Ave Circle, NW	Transaction ID: PR2127270525018
	City State Zip Code Bradenton FL 34209-8133	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00	P/R Deduction (\$100.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Brian P Quaranta, MD	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 100 Vista Lake Drive Apt 108	Transaction ID: PR2127272425018
	City State Zip Code Candler NC 28715	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North Carolina RT Management Services, Inc Occupation Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00	P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Gwen C Horn	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 17557 Ingram Rd	Transaction ID: PR2231092425018
	City State Zip Code Fort Myers FL 33967-2958	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer 21st Century Oncology Management, Inc Occupation Director - Health Information System Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Madlyn Dornaus

Mailing Address 18930 Knoll Landing Drive

City State Zip Code
Fort Myers FL 33908-4760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
21st Century Oncology Management, Inc VP Operations

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3600.00

Date of Receipt

MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR2232241725018

Amount of Each Receipt this Period

450.00

P/R Deduction (\$150.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Chaundre Cross

Mailing Address 6845 Wellington Drive

City State Zip Code
Naples FL 34109-7207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
21st Century Oncology, Inc Medical Doctor

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR2232246225018

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Alexis Harvey

Mailing Address 2127 Race St

City State Zip Code
Philadelphia NJ 19103-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
21st Century Oncology of New Jersey, I Medical Doctor

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR2232248525018

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 13
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Peter Greenberg

Mailing Address 77-840 Flora Rd

City State Zip Code
Palm Desert CA 92211-4109

FEC ID number of contributing federal political committee. **C**

Name of Employer
21st Century Oncology of California, P

Occupation
Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR2366842325018

Amount of Each Receipt this Period
600.00

P/R Deduction (\$200.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Dr David Horvick

Mailing Address 953 Creek Rock Rd

City State Zip Code
Bel Air MD 21014

FEC ID number of contributing federal political committee. **C**

Name of Employer
21st Century Onc of Harford County, Ma

Occupation
Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR2366842525018

Amount of Each Receipt this Period
150.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Marc A. Melser, MD

Mailing Address 27090 Harbor Oaks Boulevard

City State Zip Code
Punta Gorda FL 33983-6507

FEC ID number of contributing federal political committee. **C**

Name of Employer
Marc A. Melser, MD (MMU)

Occupation
Medical Doctor - Urologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR2412064425018

Amount of Each Receipt this Period
300.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	9295.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name
National Republican Congressional Committee

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 32487097
Date of Disbursement

/

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
National Republican Senatorial Committee

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 32487102
Date of Disbursement

/

Amount of Each Disbursement this Period

Contribution

C. Full Name (Last, First, Middle Initial)
John D. Dingell For Congress

Mailing Address 607 14th Street, Nw
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Dingell

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: MI District: 15

Transaction ID: 32487107
Date of Disbursement

/

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶